

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

4U/526667

1 Date of Request: _____		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
7 TOTAL AMOUNT OF REFUND			\$

10 REASON:	
Overpayment	
Duplicate Payment	
No Fee Due (Explanation):	

8 TO BE REFUNDED BY:	
Treasury Check	
Credit Deposit A/C #:	
9	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div>

11 REFUND REQUESTED BY:	
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TYPED/PRINTED NAME: _____	TITLE: _____
SIGNATURE: _____	<small>Adjustment Date: 07/25/2005 PKIDWELL SHONOS HKAYPAH 88888160 228261 1052667 02 FC:2632 250.00 CR</small>
OFFICE: _____	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____	DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: